DELAWARE HEALTH AND SOCIAL SERVICES
Division of Health Care Quality
Office of Long Term Care Residents Protection

DHSS - DHCQ
263 Chapman Road, Ste 200, Cambridge Bldg.
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Arden Courts of Wilmington Assisted Living **DATE SURVEY COMPLETED:** July 21, 2022

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	An unannounced Annual and Complaint Survey was conducted at this facility from July 18, 2022 through July 21, 2022. The deficiencies contained in this report are based on observations, interview, record review and review of Arden Court's other facility documentation as indicated. The facility census on the first day of the survey was forty- six (46). The survey sample totaled twenty-one (21) residents (thirteen residents for clinical review, and seven residents for medication observation. **Abbreviations/definitions used in this state report are as follows:** Consultant Nurse – a registered nurse (RN) who provides consultation services in order to improve nursing or other healthcare programs and standards. Dementia - brain disorder with memory loss, poor judgement, personality changes and disorientation OR loss of mental functions such as memory and reasoning that interferes with a person's daily functioning; ED – Executive Director; Kardex – Patient caregiver plan of care for individual residents; Service Agreement – allows both parties involved (the resident and the assisted living facility) to understand the types of care and services the assisted living provides. These include: lodging, board, housekeeping, personal care, and supervision services the assisted living provides; UAI – an assessment and collection of information regarding an assisted living applicant/resident's physical condition, mental status and psychosocial needs. **Katherine Harrison, LNHA 10/26/2022**		

Provider's Signature __Tina Larose, PhD, LNHA_____ Title ____Executive Director Date __8/12/22

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3225 **3225.11.0** **3225.11.5**	**Assisted Living Facilities** **Resident Assessment** **The UAI, developed by the Department, shall be used to update the resident assessment. At a minimum, regular updates must occur 30 days after admission, annually and when there is a significant change in the resident's condition.** **This requirement was not met as evidenced by:** Based on record review, interview and review of Arden Courts other facility documentation, it was determined that for two (R8 and R10) out of thirteen residents sampled for resident assessments, the facility lacked evidence of completing the required UAI assessments. Findings include: 1. 10/27/20 – R8 was admitted to the facility with dementia. 10/2021 – Review of R8's UAI assessments revealed that R8 was due for an annual UAI assessment. The facility lacked evidence that the annual assessment, as required, was completed. 7/21/22 11:00 AM – During an interview, E1 (ED) and E2 (Consultant Nurse) confirmed R8's annual UAI assessment was not completed for 2021. 2. 1/16/17 - R10 was admitted to the facility with dementia. 1/3/17 – R10's initial UAI was completed prior to admission, however, the facility lacked evidence that the required 30 day post admission assessment or subsequent annual UAI assessments were completed. 7/21/22 2:35 PM – During an interview, E1 (ED) and E2 (Consultant Nurse) confirmed the facility lacked evidence that R10's 30 day post admission UAI assessment and both of the 2021 and 2022 UAI assessments were completed. Katherine Harrison, LNHA 10/25/2022	3225.11.0 Resident Assessment 3225.11.5 A.) R8 continues to reside at the facility. Unable to retroactively correct deficient practice. R10 resident discharged on 1/10/22. Unable to retroactively correct deficient practice. B.) All residents have the potential to be affected by this deficiency. All resident assessments for the facility were reviewed by the RN to be completed by 11/25/22 with ongoing review to promote up to date resident UAI assessments for compliance within, 30 days after admissions, annually and when there is a significant change in the resident's condition. C.) A root cause analysis revealed that the deficient practice resulted from failure to update the resident assessment, at a minimum, 30 days after admission, annually and when there is a significant change in the resident's condition for both R8 and R10. To prevent recurrence of the deficiency,RN/RSC will evaluate UAI on admission, annually, and with significant change of condition. Assessment and clinical evaluation will continue with RSC/RN. D. Executive Director/Designee will monitor the UAI assessments for clinical evaluation review 30 days after admission, annually and any significant change of conditions.	11/25/2022

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	7/21/22 - Findings were reviewed with E1 and E2 (Consultant Nurse) at the exit conference beginning at 2:40 PM.		
	Service Agreements	3225.13.0 Service Agreements	11/25/2022
3225.13.0 **3225.13.6**	**The service agreement shall be reviewed when the needs of the resident have changed and, minimally in conjunction with each UAI. Within 10 days of such assessment, the resident and the assisted living facility shall execute a revised service agreement, if indicated.**	3225.13.6 A.) R8 continues to reside in the facility. Unable to retroactively correct deficiency. The Service Agreement and UAI has been updated & reviewed for this resident and will continue to be updated per regulations.	
	Based on record review and interview, it was determined that for one (R8) out of thirteen residents sampled, the facility failed to update R8's Service Agreement with measurable interventions for a resident whose needs changed related to falls. Findings include:	B.) All residents have the potential to be affected by the deficient practice. All resident service agreements will be reviewed, modified, evaluated and up to date as determined by the RN designee by 11/25/22 in conjunction with the UAI assessment. The facility will contact and notify the POA/Resident Representative to have them sign a new service plan and the facility will document if it is a verbalized conference call agreed acknowledgement of a new service plan and UAI.	
	A facility policy entitled Falls Prevention (dated 6/2021) included: "In the event that a resident is at risk for falls, interventions are incorporated into the resident's Service Plan; and a Negotiated Risk is initiated... Ongoing follow-up: 2. Review, modify and evaluate the effectiveness of the interventions."	C.) A root cause analysis revealed that the deficiency resulted from not following Delaware's regulations related to Service Plans & UAI.	
	Review of R8's clinical record revealed: 10/23/20 – R8's initial UAI documented R8 was at risk for falls related to confusion and a history of falls.	D.) The ED or designee will audit service agreements weekly to review for annual and updated service plan from the PCC dashboard. ED to discuss finding from weekly audit with RN or designee on	
	10/26/20 – R8's initial Service Agreement included: Ambulation & Transferring: Resident's fall risk will be minimized, will be able to move safely around the community and will be able to transfer safely. Able to transfer independently.		
	10/27/20 – R8 was admitted to the facility with dementia and impaired cognition. 11/9/20 through 5/9/22 - R8 sustained multiple falls. The facility failed to assess, evaluate and implement new fall risk interventions on the service		

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	agreement or the negotiated risk agreement to attempt to reduce R8's risk for falling. 12/21/21 – R8 was admitted to Hospice Services. Although the resident was cognitively impaired, the Hospice plan of care included: Patient will demonstrate/verbalize knowledge of interventions to prevent falls and safety hazards. Patient will remain safe within the home environment. 7/20/22 2:35 PM – During an interview, E13 (PCG – Patient Caregiver) stated that she works in all different areas of the facility and refers to the Kardex to confirm the resident's specific interventions. E13 confirmed R8's Service Agreement and the Kardex documented that the resident ambulated independently. E13 stated the resident was able ambulate independently, but it was not safe. E13 stated that "You cannot leave R8 in her room alone because she will try to get up and get in and out of bed from her wheelchair on her own." E13 confirmed that R8's Kardex did not include this intervention to reduce her risk of falling. E13 stated that if a caregiver was not familiar with the resident, they would not know what interventions to implement. 7/21/22 11:21 AM – During an interview, E2 (Consultant Nurse) confirmed that R8's UAI was not updated with interventions to reduce the risk for falls and that a negotiated risk plan was not completed as well to reflect fall risk interventions. E2 stated that it's the UAI that drives the plan of care and that it should flow to the Kardex for staff to know what interventions to implement with R8. E2 confirmed that after the falls, a significant change UAI should have been completed related to the resident was ambulating independently, but was now in a wheelchair, and had sustained multiple falls. E2 also added that the Hospice care plan supersedes the facility plan of care.	weekly basis until 100% compliance is achieved during 3 consecutive months.	

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	Although R8 had a Hospice and a facility plan of care, the facility lacked evidence of any measurable personalized interventions to reduce her risk of falling after numerous falls. 7/21/22 - Findings were reviewed with E1 (ED) and E2 (Consultant Nurse) at the exit conference, beginning at 2:40 PM.		

Reviewed and Completed by Katherine Harrison, LNHA 10/26/2022

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